



CALL

Missouri Attorney General
Chris Koster

ago.mo.gov
866-289-9633

Telemarketer Application Form

Application is hereby made to obtain access to the No Call Missouri list. Please complete and mail this form to:
Missouri Attorney General Chris Koster • No Call Missouri • P.O. Box 861 • St. Louis MO 63188

Organization

NAME OF ORGANIZATION _____

NAME OF AFFILIATES OR SUBSIDIARY COMPANIES ASSOCIATED WITH YOUR COMPANY _____

THEIR PHONE NUMBER

() -

() -

BILLING INFORMATION

ADDRESS _____
Street City State Zip

E-MAIL _____

PHONE () - FAX () -

SHIPPING INFORMATION

ADDRESS _____
Street City State Zip

E-MAIL _____

Registered Agent

NAME OF REGISTERED AGENT FOR SERVICE OF PROCESS _____

ADDRESS _____
Street City State Zip

E-MAIL _____

PHONE () - FAX () -

LIST ANY TRADE, ASSUMED OR FICTITIOUS NAME USED BY THE APPLICANT _____

PHONE NUMBER USED

() -

Fee

Sign and mail this application and a check or money order for **\$50 for each area code per quarter** or **\$300 for all six area codes per quarter** to:

Missouri Attorney General Chris Koster • No Call Missouri • P.O. Box 861 • St. Louis MO 63188

PAYMENT ENCLOSED
FOR (Check time
periods and area
codes)

☐ YEAR OR ☐ QUARTER 1 ☐ QUARTER 2 ☐ QUARTER 3 ☐ QUARTER 4

☐ ALL AREA CODES OR ☐ 314 ☐ 417 ☐ 573 ☐ 636 ☐ 660 ☐ 816

A CD will be mailed for each quarter requested. If correct payment is not sent, application will be returned.

Confidentiality Agreement

I/We will comply with sections 407.1095-407.1113 RSMO and any rules promulgated thereunder, including but not limited to the use of this list for the sole purpose of complying with this law.

I/We will notify Missouri No Call Register within 30 days of any material change relative to this application or information contained therein.

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this application and all attachments are true and correct to the best of my knowledge and belief.

NAME OF COMPANY _____ DATE / / 20

MM / DD / YYYY

SIGNATURE _____ TITLE _____

Authorized Representative